



King County
Employee Giving Program
~Charitable Campaign~

Application Information for King County Board & Commission Appointments
(Please attach resume if available)

Board/Commission for which you are applying:

King County Employee Giving Program (Employee Charitable Campaign)

CONTACT INFORMATION

Name: _____

Phone: (____) _____ home

(____) _____ work

(____) _____ cell

E-mail Address: _____

Business address: _____

Home address: _____

(Please indicate preferred mailing address with an *)

EDUCATION & EXPERIENCE

(Name of high school, college/university, year graduated, degrees)

Professional licenses held (if applicable to specific board/commission):

Present employment (job title):

Start date of employment: _____

Employer: *King County*

Department: _____

Division: _____

Section: _____

Previous employment and/or experience:

Memberships on any city and/or county boards, commissions, or committees and dates of terms you served:

King County Council District: 1 2 3 4 5 6 7 8 9

Please explain why you feel you are a qualified candidate for this board/commission appointment:

How did you learn of this opportunity?

Signature

Date

Please return completed form to:

Mary Dzieweczyński
Employee Giving Program Administrator
EXC-ES-720
821 Second Avenue
Seattle, WA 98104